

**SUPPORTED EMPLOYMENT (SE)
FIDELITY REPORT**

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Introduction

Arizona Health Care Cost Containment System has contracted with Western Interstate Commission for Higher Education - Behavioral Health Program to conduct Fidelity Reviews using the Substance Abuse and Mental Health Services Administration (SAMHSA) Supported Employment Fidelity Scale, an evidence-based practice (EBP). Supported Employment refers specifically to the EBP of helping members with a serious mental illness (SMI) find and keep competitive jobs in the community based on their individual preferences, not those set aside for people with disabilities.

Method

On April 22 - 25, 2024 Fidelity Reviewers completed a review of the Lifewell Behavioral Wellness Supported Employment (SE) program. This review is intended to provide specific feedback in the development of your agency's SE services in an effort to improve the overall quality of behavioral health services in the Central Region of Arizona. Services are reviewed starting from the time an SMI participating member indicates an interest in obtaining competitive employment and continues through the provision of follow along support for people that obtain competitive employment. In order to effectively review SE services in the Central Region of Arizona, the review process includes evaluating the working collaboration between each SE provider and referring clinics with whom they work to provide services. For the purposes of this review, the referring clinics include Terros Health - Priest and Lifewell Behavioral Wellness - South Mountain. This review was conducted remotely, using videoconferencing and telephone to interview staff and members.

Lifewell offers a range of services, including outpatient services, vocational services, housing support, clinic based adult behavioral health, and primary care physical health services. Rehabilitation services at Lifewell include vocational services, supported education, supported employment, peer certification training, and culinary awareness and nutrition.

The individuals served through the agency are referred to as clients or members, but for the purpose of this report, and for consistency across fidelity reviews, the term “member” will be used. At the time of the review, the program was serving 21 members, from which the sample was drawn. Reviewers received employment data for 13 of those members

During the fidelity review, reviewers participated in the following activities:

- Videoconference observation of a weekly integrated clinical team meeting at the Terros Priest clinic on April 23, 2024.
- Observation of an SE team meeting via videoconference on April 24, 2024.
- Group videoconference interview with the Senior Director of Outpatient and Vocational Services and the Rehabilitation Services Program Manager.
- Individual videoconference interview with the Supported Employment Supervisor.
- Individual videoconference interview with one Employment Specialist.
- Group videoconference interview with four Rehabilitation Specialists (RS) from one clinic and one RS from the second clinic.
- Individual phone interview with one member receiving SE services.
- Remote Review of ten randomly selected member records from the SE program, as well as records from the two partnering clinics of co-served members.
- Review of documents provided by the SE program including program flyer, mission statement, and outreach protocol.

The review was conducted using the SAMHSA SE Fidelity Scale. This scale assesses how close in implementation a team is to the SE model using specific observational criteria. It is a 15-item scale that assesses the degree of fidelity to the SE model along 3 dimensions: Staffing, Organization, and Services. The SE Fidelity Scale has 15 program-specific items. Each item is rated on a 5-point scale, ranging from 1 (meaning *not implemented*) to 5 (meaning *fully implemented*).

The SE Fidelity Scale was completed following the visit. A copy of the completed scale with comments is attached as part of this report.

Summary & Key Recommendations

The agency demonstrated strengths in the following program areas:

- The Supportive Employment team is adequately staffed to provide employment services to 21 members.
- The Employment Specialists on the team provide only vocational services. In addition, Employment Specialists are responsible for the provision of all phases of service delivery including engagement, intake, assessment, job development, job placement, job coaching, and follow-along support.
- The Supportive employment utilized a Vocational Profile as a cross-coverage tool and outlines the members work history, education, employment goals and lessons learned.
- Jobs developed showed diversity in both employer and in job types.
- Supported Employment eligibility is based on member choice and members can self-refer. Job search is individualized based on each member's competitive employment goals. Employment Specialists assist with permanent and competitive jobs rather than temporary or time-limited status.

- Employment Specialists help members end jobs when appropriate and offer and assist to find a new job.

The following are some areas that will benefit from focused quality improvement:

- Increase coordination and in-person availability with all referring co-located and non-co-located clinics, having at least three member-related clinical team contacts per week, in addition to regular participation in integrated clinical team meeting to improve member care.
- Continue efforts to facilitate members' in-person contact with potential employers within 30 days of when members express an interest in employment in order to capitalize on enthusiasm and motivation. Evaluate mechanisms in place for tracking first employer contacts.
- Increase the delivery of member services provided in the community, aiming for 70% or more of the time for each Employment Specialist.

SE FIDELITY SCALE

Item #	Item	Rating	Rating Rationale	Recommendations
Staffing				
1	Caseload:	1 – 5 5	The SE program consists of two Employment Specialists (ES) and a Supported Employment Supervisor. At the time of the review 21 members were enrolled in the SE program, eight members were assigned to one ES, and 13 members were assigned to the other.	
2	Vocational Services staff:	1 – 5 5	Per interviews with SE and clinic staff, ES staff provide only SE vocational services and do not serve members of other agency programs. Records indicate services provided by ES were directly related to SE activities.	
3	Vocational generalists:	1 – 5 5	<p>Per interviews with SE and clinic staff, ES staff carry out all phases of vocational services. ES staff engage new referrals, schedule, and complete the initial intake and assessment, and work with members during job development, placement, job coaching and providing follow along supports. ES utilized the Vocational Profile that serves as a cross-coverage tool and outlines the members work history, education, employment goals and lessons learned.</p> <p>Per member interview, they reported working with one ES staff throughout all phases of services, including intake, assessment, job development and placement, job coaching and follow-along supports.</p>	

Organization

1	Integration of rehabilitation with mental health treatment:	1 – 5 3	<p>Of the two ES staff, one is co-located at Terros Priest location five days a week, attending each team’s clinical treatment team meetings once per week. In addition, the ES attends weekly meetings with the assigned Vocational Rehabilitation Counselor and the clinic Rehabilitation Specialists. The ES has a dedicated office at the co-located site near clinical staff.</p> <p>During the observed integrated clinical team meeting, the full clinical team was in attendance. ES and staff engaged collaboratively on strategies for overcoming barriers. The ES offered resources to case managers asking about background friendly employers and clothing closets that provide work attire. The ES engaged with the prescriber and was provided information on medication side effects and observation tips. ES and clinic staff collaborated on outreach methods to engage new and existing members, and job search updates.</p> <p>Co-located clinic staff reported the ES is a valuable resource to the clinic and is actively involved with all four teams at the clinic. The ES participates in each team’s clinical treatment team meeting once a week, sharing employment resources, communicating updates on shared members, and is an integrated team staff member.</p> <p>Staff from the other clinic reported not being aware of any members that were currently enrolled in the Lifewell SE program or recent</p>	<ul style="list-style-type: none"> • Ideally, SE staff have multiple contacts weekly with each member’s clinical team staff. Non-co-located ES serving members will likely have difficulty fully participating in weekly meetings for each team. While not fully aligning with fidelity for this item, ES and clinical staff should consider options for scheduling regular meetings to review cases and discuss referrals. • Program leadership and system partners may find value in obtaining a deeper understanding how the Lifewell SE program was able to develop such a strong collaborative partnership with the Terros Priest outpatient behavioral health clinic teams in order to duplicate in other programs.
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			referrals submitted. When members are enrolled with SE, the clinic RS initiates outreach to ES monthly via phone or email. Records reviewed indicated two members from this location were engaging with ES, however lacked evidence of coordination with clinic staff.	
2	Vocational Unit:	1 – 5 4	<p>The reviewers observed an SE team meeting which all staff attended. Team staff meet in-person, weekly, for up to two hours. ES reported on the status of recent referrals, outreach efforts with members and clinical teams, and case closures for the members on caseloads. The SE Supervisor provided education about first employer contacts, the importance of job log utilization, and offered guidance and suggestions throughout the meeting.</p> <p>SE staff reported providing services to each other's assigned members during vacations or when staff leave the team. Before the review, the SE program experienced the departure of three ES staff. At the time of the review, the program had two ESs: one had been with the team for a few months, and the other had joined about one month prior. Most records reviewed indicated that members were only contacted by covering staff via phone, using a general message indicating that the assigned ES was not available and offered support if desired. One record showed a lapse of two months in services during the transition when staff left the team.</p>	<ul style="list-style-type: none"> As well as covering each other during vacations or periods of staff turnover, ES provide vocational services to each other's clients when it supports the desired employment outcome. Examples of services include an ES introducing a co-worker's client to an employer, conducting job site observations, role playing mock interviews, or providing transportation to and from a job interview.
3	Zero-exclusion criteria:	1 – 5	SE and all clinic staff interviewed reported there is not a screening process or any requirement to	

		5	demonstrate readiness for employment services to be referred to SE programs. Any member who expresses an interest in working receives support services to achieve individual employment objectives. Members can choose to receive those services from the clinic RS, an SE program, or Vocational Rehabilitation Services. The member interviewed reported being referred to the program without having to demonstrate readiness to receive the services.	
Services				
1	Ongoing, work – based vocational assessment:	1 – 5 4	<p>Per interviews, the Vocational Profile is a living document that ES modifies when fluctuations occur in member employment, such as changes to jobs, work schedule, and employment status, along with tracking the employment process and lessons learned. Staff call employed members for weekly check-in, offering additional support by phone or in-person in the members’ community. When members agree to disclose SE services to employers, ES will meet members at job sites, and offer side by side follow-along support and to speak to employers when the member chooses.</p> <p>Per member interview, the ES would call each week to check in, meet in the community, and follow up on any concerns. The ES was available at least weekly; if the ES had cancellations or member needed support additional time was granted.</p> <p>Records reviewed revealed employed members were contacted at least monthly. However, the</p>	<ul style="list-style-type: none"> When members elect not to disclose, when feasible and with member’s permission, conduct covert assessment at the workplace, either by the ES or another member of the vocational unit. Work-based assessment can be conducted at any phase of employment, including during the job search, such as when ES listen as members make follow up phone calls to potential employers or when they accompany members into the community for career exploration, visiting industries of interest or possible employment sites.

			consistency of support services members received shifted with staff turnover.	
2	Rapid search for competitive jobs:	1 – 5 3	<p>First employer contact data was provided for 13 members, indicating the length between program entry and first employer contact ranged from 31-180 days. Of these, four showed first employer contact occurring within 30 days.</p> <p>Staff reported encouraging members to complete the employer contact within 30 days of intake or as soon as the day of intake. When members want to work in environments that do not support in-person employer interactions, such as a confidential clinical setting, phone conversations are the initial means. Two of the records reviewed showed first employer contact occurring, one in the community and one by phone.</p> <p>The member interviewed reported their first employer contact occurred immediately after intake, going with the ES to potential work sites and speaking with staff before deciding if the setting was a good match for their needs.</p> <p>Employment data provided was not congruent with information contained in the member records.</p>	<ul style="list-style-type: none"> Ideally, first employer contacts occur in-person in the community within 30 days of program enrollment. First contacts need not be job interviews but can include information gathering meetings to help members learn about industries of interest or insights into how to prepare for an interview for a particular position.
3	Individualized job search:	1 – 5 5	SE and clinic staff stated that members choose which jobs to apply for. SE staff assist with finding jobs that are based on the members' employment goals. In records reviewed, most job searches aligned with member preference as stated in the SE Service Plan, rather than the job	

			<p>market. Records showed ES engaging with most members weekly for resume building, community job searches, completing Vocational Profiles, job fairs, mock interviewing, and first employer contacts. Records that did not include Vocational Profiles showed an integrated communication summary that showed tracking information on engagement status, job starts, employment activities and outcome information. Four records reviewed indicated job searches were not completed due to member choice.</p> <p>Job logs reviewed showed searches aligned with member interest. Job logs showed searches appeared to be primarily conducted online through job search engines and ES tracked progress or outreach attempts. The member interviewed reported using job logs to track information created with the ES and to record attempts made outside of their scheduled meetings. The member reported following up with the ES to review the job logs and develop action plans.</p>	
4	Diversity of jobs developed:	1 – 5 5	<p>Agency staff reported jobs are developed based on member interest. ES will help members explore interests and help focus employment searches to interests, locations, or public transit access. Members have the final decision on where they choose to work.</p> <p>According to the data provided, which includes members who exited the program in the six months leading up to the review, 20 jobs were</p>	

			identified. The data showed all jobs and employers were diverse.	
5	Permanence of jobs developed:	1 – 5 5	<p>Per interviews with SE staff, ES support members in applying to jobs that are permanent and competitive. Staff encourage pursuit of employers that offer career advancement opportunities. Clinic staff reported ES staff suggest permanent, competitive jobs to members 70 – 100% of the time. Per member interview, ES staff encouraged to seek permanent positions with an employer that has growth potential.</p> <p>Employment data revealed that 100% of jobs developed were permanent and competitive employment. Data did not indicate any seasonal, or temporary employment.</p>	
6	Jobs as transitions:	1 – 5 5	<p>Based on interviews, ES staff play a crucial role in assisting members' job transitions. ES staff help members find new opportunities and encourage or initiate discussions about lessons learned and how to apply these lessons to future employment. SE staff coach on the benefits of requesting employer accommodations, providing prior notice to employers when members intend to terminate employment, and assist with writing letters. ES updates the Vocational Profile to reflect changes in job search activities.</p> <p>One record showed ES supporting a member with employer contact and new job search aligned with employment goal. Per the member interviewed, ES provided assistance on several</p>	

			occasion with employment transitions, helping with new job searches, and visiting potential new employers.	
7	Follow-along supports:	1 – 5 5	<p>According to interviews, all members have access to time unlimited, follow-along support. When members choose to end services upon employment, members can return for retention service. Follow-along support is delivered in communities of the member's preference, including agency offices, public areas, or in the member's assigned clinic. Staff will provide on-site workplace support, when requested, and aid in advocating for workplace accommodation or schedule changes. Clinic staff reported a member experienced a crisis while at work and the ES provided support by talking to the member through de-escalation techniques by telephone.</p> <p>During the observed team meeting, the team provided individual case load updates. ES reported providing services for on-site job coaching for side-by-side additional job training, assisting with time off requests, and flexing ES schedule to accommodate a member's work schedule.</p> <p>In one record ES provided support to a member while having difficulty communicating with a supervisor by offering on-site job coaching. An additional three records showed after gaining employment, ES discussed disclosure, and offered options for retention services.</p>	

			<p>The member interviewed reported having weekly in-person meetings, follow-up phone calls, and the option for flexible follow-along supports. The member indicated receiving assistance when asking for increased work hours, requesting work accommodation, and having the ES speak with their employer. This support helped improve the member's job satisfaction and boosted their confidence.</p>	
8	Community-based services:	1 – 5 2	<p>Of the ten randomly selected member records, ES staff delivered services within the community 32% of the time. Most services were provided via telephone. Staff reported that members have the option to meet by a videoconference platform, and the program offers this option to at least one member based on their preference.</p> <p>According to SE staff, typically job search and development services are provided in the community, although this varies based on member preferences. SE staff reported approximately 40% of services are delivered in the community. Community services can include researching for new job searches, reviewing job logs, contacting employers, attending job fairs, and providing transportation to interviews.</p> <p>Five records reviewed evidenced examples of community services with first employer contacts, mock interviewing, job fairs, updating vocational profiles, completing DB101, and reviewing job logs. Five of the records evidenced no community-based service delivery.</p>	<ul style="list-style-type: none"> • In the EBP of SE, ES spends 70% or more the of time in the community, both working directly with members and conducting industry research and employer outreach on member behalf. Employer engagements on behalf of specific members should be clearly documented in member records and include a brief description of the contact and a plan for follow-up. • Research has shown that providing SE services in the community leads to better outcomes for members. Although members may prefer to meet in clinic settings or other locations, they are familiar with, ideally ES encourage members to meet in alternative settings to expand member comfort level, possibly meeting at a potential employer setting. • Continue monitoring where ES meet with members so that SE staff prioritize ES contacts with members in settings where members are interested in employment.

			Per member interview, ES would often meet at coffee shops or somewhere conveniently located to the member to complete job searches and applications.	
9	Assertive engagement and outreach:	1 – 5 4	<p>Agency staff reported outreach attempts following the agency SE outreach protocol. Outreach spans four weeks, followed by a 10-day notification letter. ES will contact members weekly by phone or email, sometimes making multiple calls a week and rotating calls from morning to afternoon. Also, calls are made to the emergency contacts listed on releases of information. ES staff will coordinate with clinical teams about engagement efforts and coordinate with SE team in supervision meetings. Upon the fourth week of unsuccessful attempts, ES staff send a non-engagement letter with the intent to close the member from SE services. Clinic staff reported ES communicate about missed appointments and seek assistance in making contact with members, and evidence of this was found in member clinic records.</p> <p>During the observed integrated clinical team meeting, the ES reported on engagement with clinic staff and collaborative outreach efforts. It was decided collaboratively by ES and clinic staff the member would be closed from services due to lack of engagement.</p> <p>Five records showed engagement and outreach efforts. Of those, two records showed ES outreaching by phone weekly, staffing with the clinical team, and sending a 10-day letter.</p>	<ul style="list-style-type: none"> • Optimally, outreach and engagement occur on a time-unlimited basis until the member expresses that they no longer want to seek employment. Evaluate the effects on members of following a four week and ten-day notice letter timeline versus time unlimited outreach. Educate outpatient clinical teams that confirmation of member intent to close services is desired before closing the member out of the SE program.

			<p>Additionally, three records showed ES coordinating with the clinical team and seeking member agreement prior to initiating closure process.</p> <p>Based on data provided approximately 65% of members were identified as being on outreach upon program closure.</p>	
Total Score:		65		

SE FIDELITY SCALE SCORE SHEET			
Staffing		Rating Range	Score
1.	Caseload	1 - 5	5
2.	Vocational services staff	1 - 5	5
3.	Vocational generalists	1 - 5	5
Organizational		Rating Range	Score
1.	Integration of rehabilitation with mental health treatment	1 - 5	3
2.	Vocational unit	1 - 5	4
3.	Zero-exclusion criteria	1 - 5	5
Services		Rating Range	Score
1.	Ongoing work-based assessment	1 - 5	4
2.	Rapid search for competitive jobs	1 - 5	3
3.	Individual job search	1 - 5	5
4.	Diversity of jobs developed	1 - 5	5
5.	Permanence of jobs developed	1 - 5	5
6.	Jobs as transitions	1 - 5	5
7.	Follow-along supports	1 - 5	5
8.	Community-based services	1 - 5	2
9.	Assertive engagement and outreach	1 - 5	4
Total Score			65
Total Possible Score			75

